

Grant County

FUSION Highlight Sheet



High Plan 1

FUSION: THE ULTIMATE CHOICESM offers dental and eye care benefits in one easy-to-administer plan. FUSION allows the flexibility to combine any or all of the following dental and eye care features: annual exam frequencies, deductibles, or annual maximums.

Combined Features Summary

| | Dental | Eye Care | FUSION |
|---------|---------|--------------|----------------------|
| Maximum | \$1,500 | See Schedule | No more than \$1,500 |

Dental/Orthodontia Summary *subject to FUSION plan design listed above*

| | | | | | | |
|-----------------|---|----------|-------------------------|--------|-------------------------------|-------------|
| Maximums | Dental: \$1,500/Calendar Year | | Ortho: \$1,250 Lifetime | | Dental Rewards®: | Included |
| | | | | | LASIK Advantage SM | None |
| Deductible | \$50/Calendar Year Type 2 & 3 Waived Type 1 No Family Maximum | | | | PPO: | Passive PPO |
| Coinsurance | Type 1 | Type 2 | Type 3 | Type 4 | Ortho | |
| | 100% | 80% | 50% | None | Child only | |
| | 90th U&C | 90th U&C | 90th U&C | | 50% | |
| | None | None | None | | U&C | |
| Allowance | | | | | None | |
| Waiting Periods | | | | | | |

Eye Care Summary *subject to FUSION plan design listed above*

| Allowances | | Frequencies Based on date of service | |
|------------------------------|------------|--------------------------------------|--|
| Exam | Up to \$25 | Exam | 1 in 12 months |
| Lenses (per pair) | | Lenses | 1 in 12 months |
| Single | Up to \$35 | Frames | 1 in 24 months |
| Bifocal | Up to \$50 | | |
| Trifocal | Up to \$65 | | |
| Lenticular | Up to \$70 | | |
| Progressive | Up to \$70 | | |
| Contacts | | Maximum | See Schedule |
| Elective/Medically Necessary | Up to \$65 | Deductibles (Calendar Year) | \$50 Calendar Year Exam, Eye Glass Lenses or Frames* |
| Frames | \$30 | | |

*Deductible applies to the first service received

Dental Procedure Summary

| Type 1 | Type 2 | Type 3 |
|--|--|---|
| <ul style="list-style-type: none"> Routine Exam (1 in 6 months) Bitewing X-rays (1 in 12 months) Periapical X-rays Cleaning (1 in 6 months) Fluoride for Children 18 and under (1 per benefit period) Sealants (age 15 and under) Space Maintainers | <ul style="list-style-type: none"> Full Mouth/Panoramic X-rays (1 in 5 years) Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Simple Extractions | <ul style="list-style-type: none"> Onlays Crowns (1 in 10 years per tooth) Crown Repair Implants Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) Complex Extractions Anesthesia |

Current Dental Terminology © American Dental Association.

EyeMed Discounts (These discounts are not insurance.)

| | | |
|--|---|---|
| Exam with dilation as necessary Standard Plastic Lenses Single Vision Bifocal Trifocal Frame Standard Progressive Lenses Premium Progressive Lenses Standard Polycarbonate Tint (Solid & Gradient) Scratch Resistant Coating Anti-Reflective Coating Ultraviolet Coating Other Add-Ons Contact Lenses Conventional | \$5 off routine exam \$10 off contact lens exam Member pays \$50 Member pays \$70 Member pays \$105 35% off retail price with a complete pair of glasses (Items purchased separately - 20% off retail price) \$65 + Standard Plastic Lens cost 20% discount Member pays \$40 Member pays \$15 Member pays \$15 Member pays \$45 Member pays \$15 20% discount 15% off retail price (does not apply to fitting). After initial purchase, replacements by mail are offered at substantial savings via eyemedvisioncare.com . | LASIK or PRK Average discount of 15% off retail price, or 5% off promotional price through U.S. Laser Network. LIMITATIONS AND EXCLUSIONS These discounts from providers on the EyeMed Access Network are only available to groups who have a specific schedule/defined benefit eye care plan in place. The discounts may not be combined with any other discounts or promotional offers. Retail prices may vary by location. Discounts are not available for the following procedures, material or services. <ul style="list-style-type: none"> Orthoptic or vision training, subnormal vision aids, and any associated supplement testing. Medical and/or surgical treatment of the eye, eyes, or supporting structures. Corrective eye wear required by an employer as a condition of employment, and safety eye wear unless specifically covered under the plan. Services provided as a result of any Worker's Compensation law. Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount). EyeMed's providers' professional services or disposable contact lenses. Two pairs of glasses in lieu of bifocal. |
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Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of Grant County. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritasgroup.com/member.

Dental Rewards®

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental PPO network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

| | | |
|-------------------------|---------|---|
| Benefit Threshold | \$750 | Dental benefits received for the year cannot exceed this amount |
| Annual Carryover Amount | \$250 | Dental Rewards amount is added to the following year's maximum |
| Annual PPO Bonus | \$150 | Additional bonus is earned if the member sees a PPO provider |
| Maximum Carryover | \$1,000 | Maximum possible accumulation for Dental Rewards and PPO Bonus combined |

PPO Information

To find a provider, visit ameritasgroup.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose **PPO Dental Network**.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.